

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

ADDRESS (number and street)

950 F Street, NW

Suite 300

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00021972

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Anne Holmes

Signature of Treasurer

Electronically Filed by Anne Holmes

Date

1 0

2 1

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 19

Write or Type Committee Name

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	34109.63
(b) Cash on Hand at Beginning of Reporting Period .....	35700.16	
(c) Total Receipts (from Line 19) .....	3004.10	76269.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38704.26	110378.85
7. Total Disbursements (from Line 31) .....	2500.00	74174.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36204.26	36204.26
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3004.10	54080.45
(ii) Unitemized .....	0.00	2188.77
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3004.10	56269.22
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3004.10	76269.22
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3004.10	76269.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3004.10	76269.22

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	74000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	174.59	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2500.00	74174.59	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	74174.59	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	3004.10	76269.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3004.10	76269.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Durham

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1976.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1100334620619

Amount of Each Receipt this Period

104.00

P/R Deduction (\$104.00 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Hallie Maranchick

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2058.27

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1275760020619

Amount of Each Receipt this Period

108.33

P/R Deduction (\$108.33 Se-  
mi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Sharon Marshall

Mailing Address 950 F Street, NW  
Suite 300

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Board Materials Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.48

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1338083620619

Amount of Each Receipt this Period

24.92

P/R Deduction (\$24.92 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

237.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Tara Ryan

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.27

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1338084320619

Amount of Each Receipt this Period

43.33

P/R Deduction (\$43.33 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Christopher Singer

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Exec VP & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3952.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1338084520619

Amount of Each Receipt this Period

208.00

P/R Deduction (\$208.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Kevin Walker

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1338084620619

Amount of Each Receipt this Period

50.00

P/R Deduction (\$208.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

301.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Page

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1029.23

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1338085620619

Amount of Each Receipt this Period

54.17

P/R Deduction (\$54.17 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Clement Cypra

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

946.77

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1342353720619

Amount of Each Receipt this Period

49.83

P/R Deduction (\$49.83 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Erin Ravelette

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.48

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1360289020619

Amount of Each Receipt this Period

24.92

P/R Deduction (\$24.92 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

128.92

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew Sulkala

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1387142420619

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Thomas Hardaway

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1407527620619

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Valerie Jewett

Mailing Address 950 F Street, NW  
Suite 300

City State Zip Code  
Washington DC 20004-1438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1341.02

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1416900920619

Amount of Each Receipt this Period

70.58

P/R Deduction (\$70.58 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

195.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeff Woodhouse

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1521550920619

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Swenson

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1976.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1666764820619

Amount of Each Receipt this Period

104.00

P/R Deduction (\$104.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Dave Boyer

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1976.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1668002920619

Amount of Each Receipt this Period

104.00

P/R Deduction (\$104.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

258.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Lea Fisher

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Director, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1698847620619

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Sandra J. Dickerson

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1727896220619

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey A. Bond

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation

SVP, State Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1759644920619

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Grayson

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Asst. VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180533220619

Amount of Each Receipt this Period

10.83

P/R Deduction (\$10.83 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Anne Holmes

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180533620619

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Merrill Jacobs

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2058.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180533820619

Amount of Each Receipt this Period

108.33

P/R Deduction (\$108.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

169.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Kimberly Martin

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180534520619

Amount of Each Receipt this Period

12.50

P/R Deduction (\$12.50 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Hugh Metheny

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180534620619

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Moore

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3956.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180534820619

Amount of Each Receipt this Period

208.25

P/R Deduction (\$208.25 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

345.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Michelle Nyman

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.77

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180534920619

Amount of Each Receipt this Period

10.83

P/R Deduction (\$10.83 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

John O'Connor

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.81

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180535020619

Amount of Each Receipt this Period

24.99

P/R Deduction (\$24.99 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Marjorie Powell

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Asst. General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.77

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180535620619

Amount of Each Receipt this Period

10.83

P/R Deduction (\$10.83 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

46.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Smith

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1976.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180535920619

Amount of Each Receipt this Period

104.00

P/R Deduction (\$104.00 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Trewitt

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHRMA

Occupation  
Asst. VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.26

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR180536320619

Amount of Each Receipt this Period

13.54

P/R Deduction (\$13.54 Sem-  
i-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

John J. Castellani

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1828048020619

Amount of Each Receipt this Period

208.25

P/R Deduction (\$208.25 Se-  
mi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

325.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward Belkin

Mailing Address 950 F Street, N.W.

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.73

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR267310220619

Amount of Each Receipt this Period

41.67

P/R Deduction (\$41.67 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Bryant Hall

Mailing Address 950 F Street, N.W.

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Sr. Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3956.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR377480520619

Amount of Each Receipt this Period

208.25

P/R Deduction (\$208.25 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Robert Filippone

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1622.98

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR533051120619

Amount of Each Receipt this Period

85.42

P/R Deduction (\$85.42 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

335.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Patrick Stone

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR533051220619

Amount of Each Receipt this Period

12.50

P/R Deduction (\$12.50 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Steven Tilton

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3940.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR533051520619

Amount of Each Receipt this Period

208.25

P/R Deduction (\$208.25 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)

Heather Keiser Strawn

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Sr. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR737804920619

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

295.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian Nagle

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2058.27

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR743030020619

Amount of Each Receipt this Period

108.33

P/R Deduction (\$108.33 Se-  
mi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)

Lori Reilly

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PhRMA

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1543.75

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR917374920619

Amount of Each Receipt this Period

81.25

P/R Deduction (\$81.25 Sem-  
i-Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

189.58

**TOTAL** This Period (last page this line number only) .....

3004.10

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.

Full Name (Last, First, Middle Initial)

Melissa Bean For Congress

Mailing Address PO Box 3068

City  
Barrington

State  
IL

Zip Code  
60010

Purpose of Disbursement

Candidate Name

Rep. Melissa L. Bean

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 08

Transaction ID: 37108686

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

2500.00